

**STATE OF NEBRASKA**

DEPARTMENT OF HEALTH AND HUMAN SERVICES
REGULATION AND LICENSURE - Credentialing Division
P.O. Box 94986, Lincoln, Nebraska 68509-4986
402-471-2117

COSMETOLOGIST and INSTRUCTOR APPLICATION BY WAIVER OF EXAMINATION

Mark the Appropriate Box Below for the
Type of License You are Making Application:

Cosmetologist

Print or Type

Instructor

SECTION A - PERSONAL INFORMATION (All applicants must complete this section) This section is public information and will be displayed on the INTERNET (http://www.hhs.state.ne.us/lis/lisindex.htm)				
1	NAME:	First	Middle	Last
2	ADDRESS:	Street/PO/Route		
		City	State	Zip
3	PHONE: (Optional)			
4	DATE OF BIRTH:		5	PLACE OF BIRTH (city/state):
6	SOCIAL SECURITY #: (this is NOT public information and will not be on the Internet) It is required for child support enforcement purposes; and for potential disclosure of reportable actions to the Federal department of Health and Human Service's Healthcare Integrity and Protection Data Bank (HIPDB)			

4 Attach a copy of your birth certificate or equivalent document; documents written in a language other than English must include an original notarized translation of the document

SECTION B - CONVICTIONS (All applicants must complete this section)		
Have you ever been convicted of a misdemeanor or felony?		Answer Yes or No
Type of Crime	Date of Action	Name of Court taking action (City/County/State)

If you answered YES above, you must request the following documents be sent directly to this office:

- Official Court Record, which includes charges and disposition
- Copies of Arrest Records
- A letter from the applicant explaining the nature of the conviction
- All addiction/mental health evaluations and proof of treatment (if the conviction involved a drug and/or alcohol)
- If currently on probation, a letter from your probation officer referencing your probationary progress or date of release

SECTION C - LICENSE FEES (See Chart Below)

COSMETOLOGIST: Determine the month and year in which you are submitting your application. If the month falls in the shaded area of the following chart, the fee is \$31.00 or \$26.00 dollars if your license is issued within 180 days of the renewal date (July-December even-numbered years). If the month falls in the unshaded area, the fee is \$32.00.

YEAR	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
Even Number Year	31.00	31.00	31.00	31.00	31.00	31.00	26.00	26.00	26.00	26.00	26.00	26.00
Odd Numbered Year	32.00	32.00	32.00	32.00	32.00	32.00	32.00	32.00	32.00	32.00	32.00	32.00

INSTRUCTOR: Fee **\$30.00** or **\$25.00** dollars if your license is issued within 180 days of the renewal date (July-December even-numbered years).

4 Make payable to: Credentialing Division

SECTION D - EDUCATION (All applicants must complete this section)

4Attach a copy of verification of high school education or equivalent (GED)

1	Name of School of Cosmetology or Apprentice Salon:	
2	City and State School where school/salon is located:	
3	Date of Graduation: (Month/Day/Year)	
4	Number of Cosmetology Hours Completed:	
5	Date successfully completed a basic first aid course:	

4Attach a photocopy of the diploma, verifying the completion of the required program of cosmetology studies

SECTION E – EXPERIENCE (All applicants must complete this section)

List below the Location, Telephone Number, Salon License Number, and Dates of Full Time Cosmetology or Cosmetology Instructor Practice gained within the **Last 5 Years Prior to submission** of this Application:

Name of Salon	Lic #	City	State	Telephone #	Date Began	Date Ended

SECTION G - LICENSURE ISSUED ON THE BASIS OF A LICENSE IN ANOTHER JURISDICTION

1. Name of Agency Issuing Original License: _____
2. Date Issued: (Month/Day/Year) _____ Expires: _____
3. Other States That You Hold A Current License: _____

SECTION H - ATTESTATION An individual who practices prior to issuance of a credential is subject to assessment of an Administrative Penalty of \$10 per day up to \$1,000, or such other action as provided in the statutes and regulations governing the credential.

I hereby state that I am the person making application, I am of good moral character, and the statements on this application are true and complete.

I further state that:

☐ I have not practiced Cosmetology without a license in Nebraska prior to this application for licensure; **or**

☐ I have practiced cosmetology in Nebraska without a NEBRASKA LICENSE prior to this application for licensure (does not include the time in which you may have had a registration as a student or a temporary):

_____ number of days in Nebraska prior to July 1, 2004

_____ number of days in Nebraska after July 1, 2004

(Signature of Applicant)

_____ date



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(This form must be
completed by the
State Board in all
States for which you
are Licensed)

CERTIFICATION OF LICENSURE FOR COSMETOLOGIST and/or INSTRUCTOR

Indicate the type of license held

☐ Cosmetologist ☐ Cosmetology Instructor

Print or Type

Our records indicate that _____ was issued license number _____
(Applicant's Name)

to practice _____ effective _____, _____; expires _____, _____
(Title of License)

The license was issued on the basis of a written and practical examination administered in _____
(State)
and the applicant's written score was _____ practical score was _____.

COSMETOLOGY/INSTRUCTOR EDUCATION

The applicant graduated from a school of cosmetology licensed or approved by _____
(Name of Entity Approving Schools)

Name of School			
Address	Street/PO/Route:		
	City:	State:	Zip:
Graduation Date			
Total Hours Earned			

LICENSURE STATUS

It is further verified that based on the records in this department, the applicant's license has:

1	Had disciplinary action imposed?	Answer Yes or No	
	If yes, please explain:		
2	Been denied licensure?	Answer Yes or No	
	If yes, please explain:		
3	Been refused renewal?	Answer Yes or No	
	If yes, please explain:		
4	Has been maintained in good standing up to and including the present date?	Answer Yes or No	
	If no, please explain:		

STATE OF: _____

Name and Title of Person Completing Form

Address

Signature

City/State/Zip Code

Date Completed

S E A L

OPTIONAL: Telephone Number _____

MAIL TO: STATE OF NEBRASKA
Credentialing Division - P.O. Box 94986
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